TO DEPUTY TOICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessaring clease exe-	3 to the funeral di pr. Po	stained for your fill	with the registrar prior to burial, cremation,	
hauld be executed within 24 haurs after de	pencil in Item 18. Give Pages 1, 2, and 3	alang with farm PM3. Page 5 may be ret	burial-transit permit. File pages 1 and 2	
FDICAL EXAMINER: This certificate sl	icate, g the ward "pending" in	d to the Chin Medical Examiner's Office	AL DIRECTOR: Page 3 shauld be used as a	J.
S TO DEPUTY	cote the	forwarder forwarder	TO FUNERAL D	or remove

5M 9/55

			193	MED	DICAL	EXAM	INER'S	CER	RTIFIC	AT	E OF	DEA	ATH	Reg. C	ist. No	01	911
	1. PLACE O								AL RESIDEN			sed lived	. If institu	ion: Resid	ence bef	ore admi	ssion)
/		Garr	ett				MARYLAND	o. ST.	Mary	rla	nd		. COUNT	Garr	ett		
	b. CITY C	OR TOWN	If outside corpora	rte limits, write R	URAL	c. LENGTH OF	STAY IN 16		TY OR TOW							earest la	wn)
3		Oakl	-			1 day	T	X	Shal	11	ar						
	d. NAME	OF HOSPI	TAL OR INST	ITUTION (IF	not in hospi	tol, give street a	ddress)	d. ST	REET ADDRE	ESS				No.			SIDENCE
0		The state of the s	ursing		9			/									A FARM?
	3. NAME O	ED		First	7	Midd			Lost		4. DATE OF		Month		Day		ear
	(Type ar	print)				ison Br					DEATH		orua:				961
Y	5. SEX					☐ NEVER MA					a but	9. AGE	(In years thday)	Months	Days	Hours	Min.
	Mal	-	Whit		VIDOWED	-		eb.		-	367	9	5 yrs.	Wighins	Doys	Hoors	Min.
1	10a. USUAL during me	OCCUPATION OF WORK	ION (Give kining life, even	d of work do	ne 10b. KIN	ND OF BUSINESS	OR INDUST	RY 11. BII	RTHPLACE (State	or foreign	country)					COUNTRY
	Reti	red	Coal 1	Miner	Soft	ceal	mines	B We	est V	lir	gini	.0.		U.	S.A	•	
	13. FATHER	'S NAME						14. MOT	HER'S MAID	EN N	AME						
1	U	nkno	wn					El	izabe	th	1 Bra	dy.					
	15. WAS DE	ECEASED E	VER IN U. S. /	ARMED FORC	ES? 16. SC	OCIAL SECURITY	NO. 17. II	FORMAN	T				Address				
	no		(11) 010 110 110				Mr:	3. E.	lvie	Br	ady	1	Shal	lmar	, M	d.	
I	18. CAU	JSE OF DE	ATH [Enler on	ly one cause	per line for	r (a), (b), ond (c).]								INTER	VAL BETWE	EN
1		PART I. DEA	TH WAS CAU		Pillm	onary e	dema.	acute								and dea	
	Let	23	IMMEDIATE	DUE TO	* 0(7)	osius y o	a oma	00000						100	7.0	- 444 1	3 0
	Condit	tions If	any, which)	00510	Anns	cular f	ihnill	0 + 1 0 ×							1 2	200	
	gove ri	se lo imme	diale couse	(b)	Aur	cular 1.	TOLLIL	a croi	1						Q.S	lys	
	(a), sta		underlying	DUE TO	A 4					,							
Э	-		HER SIGNIFIC	(c)	446 0 0	rioscle TRIBUTING TO D	ALC: NO THE OWNER, NAME OF TAXABLE PARTY.				NIAI DISEAS	E CONDI	TION CIVI	NI INI DAG		S WAS	LUTORCY
	NOIL 20a. EXT	AKI II, 01	TIEN STOTHER	Sarri COMBII	10.13 <u>con</u>	TRICOTINO TO L	DEATH BOT IN	OI KELKII	.D TO THE T	CKMII	NAL DISEAS	E CONDI	TION GIVE	IN IN FAR		PERFO	RMED?
	200 EYT	TERNIAL CA	IICE WAC	201-	DECCRIBE L	JOW INHIBITY OF	CCUIDDED 45								,	ES [NO 🔄
	PRIMAR	Y Or CO	USE WAS INTRIBUTING	□ ²⁰⁰ .	DESCRIBE P	O YRULNI WOL	CCURRED. (E	nter noture	of injury in	n Port	I or Port II	of item	IB.)				
	-	AE OF INJU		, Day, Year	lood to	ILIBY OCCUPANT	120- 244		- CD14 414	-	1		20-11				
1	2	our o.m.	IKI MOHI		While	URY OCCURRED Not while		ry, street,	JRY (Home, affice bldg.	form,	20f. (City	y or town		(Co	unty)		(State)
4	_	p. m.		19	at work	at work [
		/ /				moins descr	-				Department of the last of the	nspecti	on 🔼,	Inqui	ry 🔀	ond f	ind that
	deoth	resulted	from: N	Naturol ca	uses 🔼	Accident	./ Suid	ide 🔲	Homic	cide	□, U	ndeterr	nined c	ouse [].		
-1	6 700	V.		,	7		V							W. F. S.	330		
	SIGNAT		me	H,	Te	eter.	A	M.D. CH	HEF MEDICA	AL EX	AMINER [HH	DATE S	IGNED
.	/								SISTANT ME	EDICA	L EXAMINE	R		- 2	2-23-	-61	
1	NAME	(Type) J	ames]	H. Fe	aster	r Jr. 1	M. D.	DE	PUTY MEDI	CAL E	XAMINER						
F	22a. BURIAL,	CREMATIC	ON, 22b. DA	TE THEREOF	22	c. NAME OF CE	METERY OR	CREMATO	RY		22d. LOCA	TION (Ci	ly, town, o	r county)		(Stote	1)
		ial	2/2	5/196	1 :	I.O.O.1	F. Cer	mete	ry				rden		Va		
1			S SIGNATUR		7 /	ADDRESS	Cic	10	-	REC'D	BY REGIST	RAR 2	4b. REGIS	TRAR'S SIG	SNATUR	E	
	Mild	red	Sharp	less		Blain	9, W.	Va.	DATI	MAP	6 '6	31	Qui	Lun S.	4		
									5/110				~~~	- mer file.	rugally	E .	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

. No. . Jeff Classon Timoth . . . Sirity Minoral Sirila regal The solution of the property of the solution o Change of the transfer of the A CONTRACTOR OF THE PARTY OF TH THE REPORT OF THE PROPERTY OF

TO HOSPITA STIFE UG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after der Page 4 may be reh. If by the pital or attending physician.

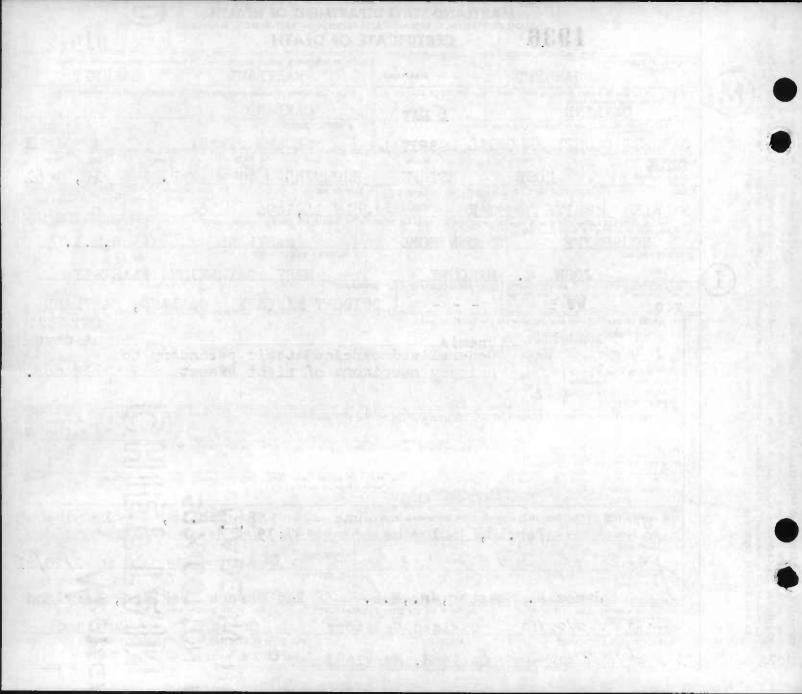
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filled with the State Board of Health priar to burial, cremation, or remayal, and in any event, within 72 hours after death.

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 1936 CERTIFICATE OF DEATH

Sig10

o. COUNTY	D. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nearest town) D. CITY OR TOWN (If outside corporate limits, write RURAL and give near RURAL and give nearest town) D. CAKLAND d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION GARRETT COUNTY MEMORIAL HOSPITAL BROWNING BROWNIN						
RURAL and give neares	st tawn)	N AND LONG			rporote limits, write	RURAL and give n	earest town)
B. CITY OR TOWN (If outside corporole limith, write RURAL and give nearest town) (INTERNAL and give nearest		e. IS RESIDENCE ON A FARM? YES NO					
DECEASED				OF		onth [/-
				1. 1891.	last birthdoy)	Months Doys	
10a. USUAL OCCUPATION (during mast af working HOUSEW	life, even if retired)			MARYLA			
	JOHN W.	MARONEY			the state of the state of the state of		RTY
Yes, no, or unknown) (If ye	s, give war or dates of service)	16. SOCIAL SECURITY NO.		MARONEY	OAKLA	AND, MAI	RYLAND
Conditions, if any, gave rise to immocause (o), stoting the lying cause lost.	which cdiote under-	Generalized primary car	cinoma o	fright	breast	ry to	4 days
20c. TIME OF INJURY Haur a. m.	CAUSE OF DEATH DICAL EXAMINER) Month, Doy, Year 20	od. INJURY OCCURRED 20	e. PLACE OF INJURY	Hame, form, 20f. ((Count	
saw the deceased 22a. SUCHATURE 21c. PHYSICIAN'S NAME (Type)			M.D. ATTENDIN PHYS. 22d. ADDR 27 OR CREMATORY	d any 3 m, from MED AND AND AND AND AND AND AND AND AND AN	STAFF	cland,	
24 FUNERAL DIRECTOR'S SI Gerald N. O		ADDRESS	aryland	250. REC'D BY REC DATEFEB 2 4	SISTRAR 256. REC	SISTRAR'S SIGNAT	URE



ARYLAND	STATE	DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	1927		CERTIF	ICA	TE OF DEA	TH		b. COUNTY Preston limits, write RURAL and give nearest town) County C		
1. PLACE OF o. COUNTY			MARYLA	ND			ia b. COUNT	rion: Residence YPresto	e before	admission)
RURAL	TOWN (If outside corporate line and give nearest town)	nits, write	The Part of the Pa	1 1ь			orote limits, write	RURAL ond g	ive neore	st town)
OR INST	OF HOSPITAL (If not in hospital,		MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE West Virginia b. COUNTY Preston two days treet address) d. STREET ADDRESS cital Hospital Middle Elizabeth MARRIED Nover MARRIED B. DATE OF BIRTH DOWED DIVORCED May 2, 1890 DIVORCED DIVORCED DIVORCED May 2, 1890 DIVORCED D							
3. NAME OF DECEASED (Type or pr	F	rst	Middle	- 11	Last	4. DATE OF				Yeor
5. SEX	6. COLOR OR RACE	7. MADDI					Teorua.		1 YEAR IF	
Female	White						lost birthdoy)	Months .	_	
10a. USUAL Conducting me House	ost of working life, even if retire	done 10b, 1	KIND OF BUSINESS OR	INDUST			country)			/HAT COUNTRY?
13. FATHER'S	NAME		3 7 6 3 3 3	- 17	14. MOTHER'S MAIDE	N NAME				
Dacid	Winters				Lydia Sny	der				
15. WAS DECE (Yes, no, or unkno	EASED EVER IN U. S. ARMED FO	service)			FORMANT				.Va.	
gove r couse (o lying co	ons, if ony, which ise to immediate), stating the <u>under-un</u>	c)	ontributing to DEAT	H BUT N			E CONDITION G	15ezs	1(0) 19.	PERFORMED?
	IDENT WAS UNDERLYING TRIBUTING CAUSE OF DEATHR, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED	(Enter nature of injury	in Port I or Po	rt II of item 18.)			
9	OF INJURY Month, Doy, Your o. m. 19	While	_ Not while _	Oe. PLA	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (Cit etc.)	y or town)	(C	County)	(Stote)
21. I ce alive a ACTUAL SIGNATU PHYSICIA NAME (T	RE June 1	1. 19/	ighton	leath 	accurred at 11:0	ADDRESS, (the causes a	nd an the		stated abave.
220. BURIAL,	CREMATION, 22b. DATE THERE	OF	22c. NAME OF CEMETI		CREMATORY	22d. LOCA	TION (City, town			
Kemova I	. & Burial Feb	25,196		Cem						
Z3. FUNERAL	Clasion	Ter	ra Alta, W.	.Va.	24a. R DATE	FEB 2 8			1/	1

F/D.License Md. No. A 8305

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TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01914

1. PLACE OF DEATH a. COUNTY Ga	rrett		MARYLAN		USUAL RESIDENCE (WHO STATE VIAND .	ere deceased	b. COUNTY		before adm	ission)
b. CITY OR TOWN RURAL and give r Rural	(If outside corporate lim pearest tawn) Orman:	its, write	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (IF o	utside corpo rman	rote limits, write Rt	JRAL ond giv	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital,	Name of	address)		d. STREET ADDRESS	ommun	ity /		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Virgi	-	Miner va		Childs	4. DATE OF DEATH	Febru		Day 4,	Yeor 19 61
S. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED] B. D.	ATE OF BIRTH		9. AGE (In years last birthdoy)		YEAR IF UN	
Female	White	WIDOW	DIVORCED 🗌	Fe	b. 18, 18'	77	83 yrs.	Months	Days Hour	Min.
House Wo	rking life, even if retired	1	wn Home		Pennsyl	vania			EN OF WHAT	COUNTRY
13. FATHER'S NAME				14	. MOTHER'S MAIDEN N					
	Leech		· · · · · · · · · · · · · · · · · · ·		Harriet	CK	Root			
(Yes, no. or unknown)	ER IN U. S. ARMED FOI (If yes, give war or dates of			Jam	es Childs	R.	D. Gorm		. W.	Va.
Conditions, if a gave rise to couse (o), stoting lying couse last.	the under-		Corney,	Heu	7 Dem	7			5 4 m	2
PART II. OT	THER SIGNIFICANT CON		CONTRIBUTING TO DEATH				45000	EN IN PART	PERI	S AUTOPSY FORMED?
	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature of injury in I	Part I or Por	t II of item 18.)			
ZOc. TIME OF INJU Hour a. m. p. m.	10	While	NJURY OCCURRED 20e. Nat while of work		OF INJURY (Home, form, street, office bldg., etc.		or town)	(Co	ounty)	(Stote
saw the deced		l) attend	ded the deceased fra 19_ Lel , and the	m/_ at deat	h accurred at 1:	35 P ta_	the causes an	, 19.6a. d an the	, that (I) date state	(we) las
22a. SIGNATORE	ch Calous	Ville		M.D.	PHYS. DI	ED. RECTOR	STAFF PHYS.		2/9	22b. DATE SIGNED
22c. PHYSICIANIS NAME (Type)	Ralph Cal	andr	ella, M. D		22d. ADDRESS Kitzmil	ler,	Marylan	d.		
23a. BURIAL, CREMATION REMOVAL Specify			23c. NAME OF CEMETER Fairview	y or cr Cem	etery		rion (City, tawn, coett Co.			tate)
24 FUNERAL DIRECTO	ed la lon		ADDRESS Oakland	. M	250. REC	B 1 4 '6	1	TRAR'S SIGI		

4.00 Louise Ville Conte THE COLUMN TWO IS NOT THE REAL PROPERTY. and interest of the net seek and the seek an organical main afficility to average continues at the con-A REPORT OF THE PARTY OF THE PA the commence of the manufacture of the land Court legan of hope Name of the 7001 61 1750 7001 les le C'éve l'éle to the second the Madeson's contained the College and the Coll The second of the second secon A BOOK STATE OF THE STATE OF TH

TO DEPUTY FOLCAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is necessary lease execute the content of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pendil in Item 18. Give Pages 1, 2, and 3 to the funeral difference of the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 18. Give Pages 2, and 3 to the word "pendil in Item 1 or remayal. VS. A15ME(5)

5M 9/55

	1939 MEDICAL EXAMINI	ER'S	CERTIFICATE OF DEATH	, Dist. No. ()1915
1.	PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: R	esidence before admission)
L	SAKRETT MARY	LAND	O. STATE MARYLAND B. COUNTY (ARBETT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) fowns	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA)	and give nearest town)
	OAKLAND, MO BHRS		X GRANTSUILLE IV	D
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	1)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		AND!	lul	YES NO NO
3.	NAME OF First Middle DECEASED (Type or print) RPHA MVRTL	EF	ALINGER DEATH FEB 1	Day Year
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. D	family Standard Standard	IDER TYEAR IF UNDER 24 HRS.
100	DIVORCED [WIDOWED DIVORCED [DIV	J 5	11. BIRTHPLACE (Stote or foreign country) 12.	hs Days Hours Min.
	during most of working life, even if retired) HOUSEWIE E OWN HOA	り三	FORTHILL SOMERSET, COL	R. 21.5.A.
13	FATHER'S NAME	1.	4. MOTHER'S MAIDEN NAME	
)L	EDWARD D //URST		LOTTIE KRAMEK	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? Is. no. or unknown) (If yes, give wor or doles of service)	Rai	mond Falinger Shar	strille Mil
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	1		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmonary E	mbol	ism, Massive	3-4 Hrs.
	DUE TO WAR AND TO	m)		04
	Contained in Only, which (D)	TILL	ombosis, Gangrene of Bo	well 24 Hrs.
	(o), stoting the underlying couse lost. DUE TO Mural thr	ombi	, Left Auricle	?
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO
CERTIFIC	20□. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	RED. (Ente	r noture of injury in Port I or Port II of item 18.)	in Maria
MEDICAL		e. PLACE	OF INJURY (Home, form, 20f. (City or town)	(County) (Stote)
MED	Hour o. m. While Not while of work of work	ractory	street, office bldg., etc.)	
	21. I certify that I took charge of the remains described	abave	, held an Autopsy X, Inspection X, Inc	quiry 💢, and find that
	death resulted from: Natural causes X Accident	Suicio		
	1 (/ 9	/		
-	SIGNATURE Come (V. Teaster.)	he has	A.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	and a state of the		ASSISTANT MEDICAL EXAMINER	
	NAME (Type) James H. Feaster. Jr. M	.D.	DEPUTY MEDICAL EXAMINER TO Februar	у 17. 1961
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETE	RY OR CR	EMATORY 22d. LOCATION (City, town, or cour	(Stole)
	DURIAL 2/20/6/ HODISO	N	HODISON, SOMERSE	T CO PA
23	FUNERAL DIRECTOR'S SIGNATURE	, 0	24a. REC'D BY REGISTRAR 24b. REGISTRAR	2 / 4
L	Non flewman, Grantsvale,	nex	DATE FEB 23 '61 Critical	1 S. Thank

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18
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1940 CERTIFICATE OF DEATH

01916 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Garrett	W.	MARYLAND	2. USUAL RESIDENCE (V		d lived. If institution b. COUNTY	on: Residence	e befare admi:	ssian)
b. CITY OR TOWN (If outside corpo RURAL and give nearest town) Oakland	rote limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III		rote limits, write R	URAL ond gi	ve nearest tav	vn)
d. NAME OF HOSPITAL (If not in he OR INSTITUTION Cuppett Nursing			d. STREET ADDRESS	4			ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First CHARLES	Middle BOLTON	Lost JEFFERYS	4. DATE OF DEATH	Mon February		Day	Yeor
	R RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH June 6, 1879	DEATH	9. AGE (In years last birthday) 81 yrs.	IF UNDER 1	YEAR IF UND	7
10a. USUAL OCCUPATION (Give kind during most of working life, even Retired Engineer 13. FATHER'S NAME	of work done 10b.		JSTRY 11. BIRTHPLACE (Store Al 14. MOTHER'S MAIDEN	ta, W.V	auntry)		S. A.	COUNTRY
Enos Jefferys 15. WAS DECEASED EVER IN U. S. ARA (Yes, no, or unknown) (If yes, give wor or			Martha I		Add Terra A		√va•	
PART I. DEATH (Enter only MAS CAUSE OF DEATH WAS CAUSE IMMEDIATE OF COnditions, if only, which gove rise to immediate couse (a), stating the understying cause lost. Part II. OTHER SIGNIFICA	DUE TO (c)	enallys on DEATH BU	T NOT RELATED TO THE TER.	J Clo	CONDITION GIVE	VEN IN PART	PERF	KI
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UIF EITHER, NOTIFY MEDICAL EXAM	DEATH MINER)	Nat while fo	ED. (Enter nature of injury i LACE OF INJURY (Home, fo octory, street, office bldg., e	rm, 20f. (City		(Co	ounty)	(State)
21. I certify that I attend alive on ACTUAL SIGNATURE		ed from that deat	, 19 .51 , ta.t. h accurred at 9:50 M.D. 250CdC Oakla	ALCOHOL: NAME OF THE OWNER, THE O	the causes an	d an the		
22a. BURIAL, CREMATION, 22b. DATE	THEREOF	22c. NAME OF CEMETERY (OR CREMATORY	22d. LOCA	TION (City, town, # 7, Ter			ate)
23. FUNERAL DIRECTOR'S SIGNATURE	A8305.	ADDRESS Terra Alta, W.	100	C'D BY REGIST		STRAR'S SIG		

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Sebranary 7, 146Sepre-Public Constants of Mouth 1, 1607 150. 1.3

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PLACE OF DEATH o. COUNTY Carrett b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION arrett County Memorial Howard County Office County Memorial Howard County Office County Of		CERTIFIC	ATE OF D	EATH			Reg. Dist		1917	
1	COUNTY Garrett C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oakland d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prett County Memorial Ho NAME OF DECEASED Type or print) Stave EX 6. COLOR OR RACE Male Widows Wid		MARYLAND	2. USUAL RESIDE o. STATE	NCE (Where	e deceased liv	ed. If instituti b. COUNTY	on: Residence		mission)
/b. CITY OR TOWN	(If outside corporate lim	its, write c. LEN	GTH OF STAY IN 16	c. CITY OR TO		ide corporote	limits, write R		-	lown)
			1 Month	Ro	oute #	יויי ר	omas			751
d. NAME OF HOSE	PITAL (If not in hospital,	give street oddress		d. STREET AD			Onab		e. IS	RESIDENCE N A FARM?
		al Hospi	tal							NO [
3. NAME OF			Middle	lost	4	. DATE	Mon	th	Day	Yeor
	Stav	0		Karlovich		OF DEATH	Feb	ruary	28	19 6
S SEX			NEVER MARRIED	B. DATE OF BIRTH		9.	AGE (In years	IF UNDER 1		
Mole	T. 70- 2 4 0	WIDOWED	DIVORCED	Dahamaan	- 00 3	000 5	ost birthdoy)	Months D	Days Ho	urs Min
				February		foreign count		12. CITIZ	FN OF WI	HAT COUN
during most of w	orking life, even if retired	1)	OAL							
			. 072	14. MOTHER'S N	oslav				U.S	· A·
J. TATTIER S NAME										
Karlovic	h, Simon				anchvi	ch, Ev			11.100	
S. WAS DECEASED ET (Yes, no, or unknown)	/ER IN U. S. ARMED FO (If yes, give wor or dates of	service]/	an inget		ife)		Add			
No		236-	03-1885	Pauline I	Karlov	nch	Tho	mas, W	. Va.	
1B. CAUSE OF D	EATH [Enter only one c	ouse per line for (o), (b), ond (c).]	- > 0					INTERVA	BETWEEN
PART I. D	ATH WAS CAUSED BY:	1/1012	enichin	O-tail	110	p-			ONSE! A	NO DEATH
1410		10	- Carriera Ca	-		,	2 /		1	, 1
Conditions if	nay which)	18101	ANI DO	elinen	11/2	1 -	h. too	7	40	vico
	immediate		anythe	Chillips,	100	7.	MANA	1		
	g the under-	1/01/10	12 . 111	d land	1, -	The	60,11	Thele.	in	Λ -
		Y JELLONIS CONTROL	DUTING TO DEATH D	LT NOT BELLEGY TO T	ra c	- cull	MANNE	111007	y cc	15 41170
PART JI. O	THEK SIGNIFICANT COL	ADITIONS CONTRI	BUTING TO DEATH B	DI NOI RELATED TO I	5 a D	L DISENSE CO	DNUTTON GI)	PEN IN PAKI	PE	RFORMED?
3 /	ear.	5 W	low	al fi	per	1/1			YES	NO [
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	IOW INJURY OCCUR	RED. (Enter nature of i	injury in Po	1 of Port II	of item 1B.)			
20c. TIME OF INJU		or 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY (He	ome, form,	20f. (City or	fown)	(Co	ounty)	(Sto
Hour o. m	10		lol while	foctory, street, office b	olog., etc.)					
		1		her 1955.	2 -	28	20//	4		
1	that I attended the	deceased in		-	S LOA	20		,that I la		
alive on A	-00	1991	_, and that dea	th occurred at			ne couses o		e date si	
ACTUAL	15/	7.		\sim	(A)	URESS (Street	city or town,	slote)	25	DATESIG
SIGNATURE	(1=6,11	rance		_M.D	PALL	alic	1 16	19		572t
PHYSICIAN'S NAME (Type)	Dr. A. E.	Mance		Oak.	land,	Maryla	nd	/		
220. BURIAL, CREMAT	ON, 22b. DATE THERE	OF 22c.	NAME OF CEMETERY	OR EREMATORY	22	d. LOCATION	V (City, town,	or county)	1	Stote) ,
REMOVAL (Specif	MAR 3. 1	961	CATHOLI			7	400 110	_	M	1. Va
23. FUNERAL DIRECTO	R'S SIGNATURE	/	DDRESS		24a PEC'D B	Y REGISTRAR	24h PEGI	STRAR'S SIGN	VATURE	/ T/T ,
a	Runder	7	DAN A C	1/1/1/	4.8.5	R 3 '6		Tribur &	. 10	
KIV2 N	Numer	-, 1M	11/10	VIYAI	DATE MA			2	, , , , , , , , ,	4

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	CONTRACTOR OF THE PARTY OF THE					
	Market Charles				e & e	
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Market Committee of the						

TO HOSPITAL SATE AGE PHYSICIAN: The law requires that the death certificate be executed within 24 hour offer decimal may be retained by the pital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by me funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 1SM 9/S9

JG PHYSICIAN: The law requires that the death certificate be executed within 24 haug

	OF STATISTICAL RESEARCH	DEPARTMENT OF HEALTH	AND
2	CERTIFIC	ATE OF DEATH	
		2. USUAL RESIDENCE (Where deceased lived.	If instit

		1942	ION OF		ATE	OF DEATH	MORE 1, M	RILAND		1010
	LACE OF DEATH COUNTY Garre	tt		MARYLAN	11 .	usual residence (w b. STATE Penna •	here deceased l	ived. If institution b. COUNTY	on: Residence be	efore odmission)
E		f outside corporate lim	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corporo	te limits, write R	URAL ond give	nearest town)
	Oak la			4 Years		Califor	nia	7	SX	3
(NAME OF HOSPIT	AL (If not in haspital,	give street	address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	OR INSTITUTION Weeks	Nursing	Home	4		429 Uni	on St.			YES NO
3. N	IAME OF		rst	Middle		last	4. DATE	Mon	th	Day Yeor
	Type or print)	Char	_	Theodore	77	ennedy	OF			1961
5. S		6. COLOR OR RACE		RIED NEVER MARRIED	7	ATE OF BIRTH		ebruar AGE (In yeors		AR IF UNDER 24 HE
, J				and the second second			78	last birthdoy)	Months Doy	
0-	Male	White	WIDOW	KIND OF BUSINESS OR IT	_ 0 ~				12 CITIZENI	OF WHAT COUNTR
	during most of work	cing life, even if retired	3)					niry)		
		Operator	Pe	enna. Railr		Pennsyl			U.S.	.A.
3. 1	FATHER'S NAME				14	. MOTHER'S MAIDEN				
	John K	ennedy				Sarah K				
		R IN U. S. ARMED FOI			7. INFOR			129 Und		
,	no	(ii yes, give wor or bures or		6-16-2129	Vill.	iam Kenne	dy - (Califor	rnia, l	Pa.
	18. CAUSE OF DEA	ATH Enter only one o	ousgeper li	ine for (o), (b) and (c).]	1	1	1		tt	NTERVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:	(0	Super In	3470	it tail	lund.		0	INSET AND DEATH
	-11/	IMMEDIATE CAUSE (1	The Total of	100	0	1	140		Paris III
	70	V 2 O	4.	1.0	Vo.	20000	000	100	V	
E	Conditions, if o		of the	craryes M	rei	4) Zuch	bell	-		
	couse (o), stoting)	0						
	lying couse lost.) (c)							T
CATION	PART II. OTH	HER SIGNIFICANT CON	NDITIONS .	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	IINAL DISEASE	CONDITION GIV	VEN IN PART 1(o	PERFORMED?
RTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	JRRED. (E	nter noture of injury in	Port I or Port I	I of item 1B.)		
MEDICAL	20c. TIME OF INJUR	Y Month, Doy, Ye	or 20d. I		e. PLACE (OF INJURY (Home, for street, office bldg., et	m, 20f. (City o	r town)	(Coun	ity) (Sto
ME	p. m.	19		rk ot work	0			2.		
	21. I certify the	ot (I) (this hospita	d) otten	ded the deceosed fro	am. X	Wh 19	60,10	13.23	1961	that (I) (we) la
	saw the deceo		12.23	5 19 (e) and th	at deat	h accurred of		ne couses or		
	220. SIGNATURE	sed onvejonv	12 L	A A	ui deui	decorred or		ic causes ar	la on me de	122b. DATE
	70	b (Days	. 1	Aug	M.D.	ATTENDING A	AED.	STAFF PHYS.	4)	Del / SIGN
	22c. PHYSICIAN'S	5 Norman	WY.	DINCOL	M.D.	22d. ADDRESS	IKECIOK L	rn13. 📋	4	27/10/
	NAME (Type)	E. I. Bat	umga:	rtner, M. 1	D•		land,	Md.		
230	BANYAL ETITY	- 1 1-	of 961	Phillips by				on (City, town, fornia		(Stote)
24,1	FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS	-	25a. REC	D BY REGISTR	AR 2Sb. REGI	ISTRAR'S SIGNA	TURE
1	TC. 20	in thou		Oakla	and.	Md. DATE F	EB 2 7 '6	1 0	Inthun S. A	Torus
/_	1	1							D. /	V V MANUEL

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hould be	cremation,
recessor r. Po.	iar to burial,
ony delay i	or your file registror pri
er death. If	e retained find 2 with the
24 hours off Pages 1, 2,	e poges You
cuted within	orm PM3. P
auld be exe	alang with f burial-transi
certificate sh	ner's Office
MINER: This the word "	dical Examir je 3 shavid b
cate,	the Chiral Me
DEPUTY The Ite the c	forwarded to the Characterists of tice along with farm PM3. Page 5 may be retained for your file. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages Y and 2 with the registrar prior to burial, cremation, or remarkel.
0 8 VS. A	15ME(5)

5M 9/55

		943 ME	DICA	L EXAMINER	S CERTIFIC	CATE OF	DEATH	Reg. Dis	t. No. (191
1.	G. COUNTY GAI	rett		MARYLAND	2. USUAL RESIDE	NCE (Where decear		ition: Residen		dmission)
		f outside corporate limits, write kland,	RURAL	27 yrs.	c. CITY OR TO	WN (If outside cor. 1 Oakl	porate limits, write			town)
		at or institution (ist Oakland		pital, give street address)	4 M1. W	ress est Oak	land,	1	Q	RESIDENCE
3	NAME OF DECEASED (Type or print)	Mart		Ray	Lewis	4. DATE OF DEATH	Februa		Day	Year 19 61
5.	Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED A	pril 25,	1888	9. AGE (In years lost birthday) 72 yrs.		YEAR IF UN	NDER 24 HRS
10	o. USUAL OCCUPATION CONTROL OCCUPATION MOST OF WORKING TO SEE THE CONTROL OCCUPATION OF THE CONTROL OCCUPATION	ON (Give kind of work on the life even if retired) FATMET		ind of Business or Industry Farm	Maryla		country)		A.	AT COUNTRY
1	3. FATHER'S NAME Phillip	Lewis			Cather	ine Fri	end			
1.0	5. WAS DECEASED EV	ER IN U. S. ARMED FO	(eniron	SOCIAL SECURITY NO. 17. I 0-16-5736 Le	ster Lew	is	Address	n, Md		
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO CORONARY OCCLUSION, LEFT									Hrs.
	Canditions, if a gave rise to immed (a), stating the cause last.	ny, which additional and the state of the st		CORONARY	SCLEROSI	S WITH	THROMBO	SIS		
CEPTIFICATION) (c). HER SIGNIFICANT CONI	DITIONS CO	INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE	TERMINALDISEAS	E CONDITION GIV	EN IN PART	1(a) 19. WA PER YES K	FORMED?
		JSE WAS NTRIBUTING [] 20	b. DESCRIBE	HOW INJURY OCCURRED. (inter nature of injury	in Part I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work at w									
	21. 1 certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . Inquiry . ond find that death resulted from: Notural causes . Accident . Suicide . Homicide . Undetermined cause .									
	ACTUAL	ne 14) e.	arter fr. a.	M.D. CHIEF MEDI	CAL EXAMINER			DAT	E SIGNED
		TAMES H. I	FEAST	ER. Jr. M.D	DEPUTY MED	DICAL EXAMINER	Feb.	5. 19	61	
27	REMOVAL (Specify) Burial	2/8/196	51	22c. NAME OF CEMETERY OR Kimmell Cem		near	TION (City, town, o			fate)
_	FUNERAL DIRECTOR		-	ADDRESS	240	. REC'D BY REGIST	RAR 24b. REGIS	STRAR'S SIGN		- 1-1-1
1	72. X.E	eng telo		Oakland,	Md. DA	TE FER 8	161 0	I Ilun S.	times	

DESTINUTE OF DEATH.	SARAN WENCER ENTWHERE
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	to be a continuous and hope to get the given of the
A CONTRACT NOTICE AND ADDRESS OF THE PARTY O	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1944

CERTIFICATE OF DEATH

Reg. Dist. No.

01920

o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Resid	lence before admission)
Garrett	MARYLAND	Maryland Gar	rett
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Deer Park	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL on Deer Park	d give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of or institution Bowser Nursing Home	oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Arthur	Middle Herman	Liller 4. DATE Month OF DEATH 2	Doy Year 25 1961
5. SEX 6. COLOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE	DIVORCED D	May 5, 1892 lost birthday) Months	Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) Crane Operator C	KIND OF BUSINESS OR INDI Onstruction		CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Liller		Eliza Blackburn	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT Address	
no 2	17-10-6235	Mrs. Carrie Liller Rawls	ngs. Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost. (c)	Conny He	out Demen	ONSET AND DEATH
Chronec Bu	Inf agthe	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN P.	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Moles Hour o. m. 19 While of world	_ Not while fi	PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the decease	ed fram. Jun	, 1960, to tel, 28, 1961, that	I last saw the deceases
ACTUAL SIGNATURE ROPA CALCULANT	ond that deat	th occurred atM, from the causes and on ADDRESS (Street, vity or town, stole) M.D. Lily W. Fest	the date stated above DATE SIGNED
PHYSICIAN'S RALL CALA	MONELLA	K. tzimille	240
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county	y) (Stote)
burial 2/28/61	Oakland Ce		ryland
23. FUNERAL DIRECTOR'S SIGNATURE.	ADDRESS	1240. REC'D BY REGISTRAR 246. REGISTRAR'S DATHAR 6 '61 Cuthur &	SIGNATURE

TO FUNERAL DIRECTOR: At this certificate has been signed by the ottending physician and completely filled in by funeral arrector, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registror prior to burial, cremation, or removol, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

TTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours

NUMBER OF STREET Lave day WEST THE STATE OF THE PRICE Furthern La Daggar K temple - Jam

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 145 CERTIFICATE OF DEATH

1945

Reg. Dist. No. ()1921

)[1. PLACE OF DEATH o. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY									
		rett			RYLAND		Maryl	and	D. COOI411	Gar	ret	t	
1	b. CITY OR TOWN (If RURAL and give need	prest town)	ts, write	c. LENGTH OF ST.		c. CITY (prote limits, write I	RURAL ond giv	re neares	t town)	
	Oakland			7 days			Swant	on					
1	d. NAME OF HOSPITA OR INSTITUTION					d. STREE	T ADDRESS				e.	ON A F	DENCE ARM?
	Cuppett Nursing Home											ES 🔽	
	3. NAME OF DECEASED	Fir	's†	Mide	dle		Last	4. DATE OF	Moi	nth	Day	Ye	eor
	(Type or print)	Cora		May		Lohr		DEATH	Fe	b.	4	19	61
1	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MAI	RRIED 🔲	B. DATE OF B	IRTH		9. AGE (In years lost birthday)				
L	Female	White	WIDOWI	-	CED	may 1	4, 187	5	Ø#85yn.	Months D	oys H	ours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRT	HPLACE (Stote	or foreign c	country)	12 CITIZ	EN OF V	VHAT C	OUNTRY
	Postmist	ress		Post Off	ice	Swa	anton,	Mar	vland	U	SA		
	13. FATHER'S NAME						R'S MAIDEN N						
1	John Ashe	enfelter					Ella S	tone	ייך				
ı	IS. WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY I	NO. 17. 1	NFORMANT		00110	Add	lress			
	no. or unknown) (i	f yes, give wer or dates of s		none	Mr	s. Rol	pert S	heck	ella Ra	ltimo	ro	Ma	
F		TH [Enter only one co					00100		0210 00	4.0.2.110	INTERV		
	PART I. DEAT	H WAS CAUSED BY:"	15	2000 140) (Ing.	men	be	,		ONSET	AND D	EATH
	450	IMMEDIATE CAUSE (o	-	PACINGO		rea	MEIN	-10-	<u> </u>			040	2/
1	Conditions, if an	10											
4	gove rise to im	mediote (A	0	Λ			^				
	lying cause lost.		11	encial:	- 8 A	An	Leriz	101	Despuer				
		ER SIGNIFICANT CON		ONTRIBUTING TO	DEATH BUT	NOT RELATED				VENI INI PART 1	(0) 10 1	WAS AL	ITOPSY
4	PART II. OTHI					THE MEDITED	TO THE TERMIN	INCE DISEAS	ic condition of	VEIN IIN I AKT	1	PERFOR	MED?
	200. ACCIDENT WAS	UNDERLYING []	20b. DES	CRIBE HOW INJURY	OCCURRE	D. (Enter notus	e of injury in P	Part I or Par	t II of item 18.1		1 "	is 🔲	NO []
>	OR CONTRIBUTING	☐ CAUSE OF DEATH											
			or 20d It	NJURY OCCURRED	20e. PL	ACE OF INJUI	Y (Home, form,	20f (Cib	or town)	ICa.	unty)		(Stote)
4	Hour a.m.	19	While	Not while	foo	tory, street, o	fice bldg., etc.) [, or town,	(Co	untyj		(21016)
			at war		-	0 4		÷ 1	/:				
1	1	at I attended the	decease	cu mom.	my c	196	アーシャアラク	SIB	19.6	,that I la	st saw	the d	ecease
	alive an 177	94	, 126	, and the	at death	accurred	at Styl		n the causes		date	stated	abave
1	6	20	0	40 100				ADDRESS (S	treet, city ar town,	state)		DAT	E SIGNE
1	ACTUAL SIGNATURE	7. Mu	mx	armed	2	M.D							
4	PHYSICIAN'S		(.)				457				, ,	
	NAME (Type) L	1. Baume	arti	ier M. D	•	25_	Alder	St.	Oaklan	d, Md	2/	77/	51
	220. BURIAL, CREMATION REMOVAL (Specify)	I. 22b. DATE THEREC	F	22c. NAME OF CE	METERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)		(Stote)	
	burial	12/8/61		Oakland	Cem	etery		Oakla	and. Ma	ryland	i		
1	23. FUNERAL DIRECTOR'S	SIGNATURE /		ADDRESS			24a. REC'E	BY REGIST	TRAR 24b. REGI	STRAR'S SIGN	ATURE		
-	Zerad 11,1	runnich	1 0	akland,	Mar	vland	DATE	50 1 4	'61	alling &	de		

STATE MITAGE - STA		HT STATE EIERARTH		
	AND 30 374			
			in an interest of the	
Birenson on control on a 21. Etc., Acceptance of the Control of th				

G PHYSICIAN: The law requires that the death certificate be executed within 24 hou

TO HOSPITAL

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF	CERTIFICA	TE OF DEATH	MORE 1, MARYLAND	01922		
1. PLACE OF DEATH o. COUNTY GARRETT	MARYLAND	2. USUAL RESIDENCE (Who a. STATE MARYTA	ere deceased lived. If institution b. COUNTY	n: Residence befare admission) CARRETT		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		utside corporate limits, write RU	JRAL and give nearest town)		
OAKLAND d. NAME OF HOSPITAL (If not in haspital, give stree OR INSTITUTION GARRETT CCUNTY MEMORIAL HI		d. STREET ADDRESS	U	e. IS RESIDENCE ON A FARM? YES \(\) NO		
3. NAME OF DECEASED (Type or print) LAWREAUCE	Middle WILBUR	Last MOOMAW	4. DATE Month OF DEATH FEBRUA			
5. SEX 6. COLOR OR RACE 7. MAIN WHITE WIDOW	77	B. DATE OF BIRTH JUNE 29, 191	last birthday)	Manths Doys Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired) RETIRED MINER 13. FATHER'S NAME MOOMAW, FRANK		**	PARK, MARYLAND	U. S. A.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	. SOCIAL SECURITY NO. 17. IN	FORMANT GRAHAM W	Addre	AND, MARYLAND		
PART I. DEATH (Enter only one cause per IMMEDIATE CAUSE (a) CU	Imourry &	Edema Ac	J/e	INTERVAL BETWEEN ONSET AND DEATH		
gove the la immediate	ecular Dis			18 mas		
PART II. OTHER SIGNIFICANT CONDITIONS P + Had Pemph. 703 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH U [I F EITHER, NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING ACCI	Aud ON	Steroid -	HERPPY	EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
Haur a.m. Whil	I	ACE OF INJURY (Hame, farm trory, street, office bldg., etc.		(County) (State		
21. I certify that (I) (this hospital) atters sow the deceased alive on 2.7				d on the dote stated obove		
22a. GIGNATURE	1		ED. STAFF RECTOR PHYS.	2/8/SIGNE		
222. PHYSICIAN'S		22d. ADDRESS		/ 1		

JAMES H. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 2/10/1961

23c. NAME OF CEMETERY OR CREMATORY
Pleasant Valley Cem.

23d. LOCATION (City, town, or county) near Mt. Lake Park, 25b, REGISTRAR'S SIGNATURE

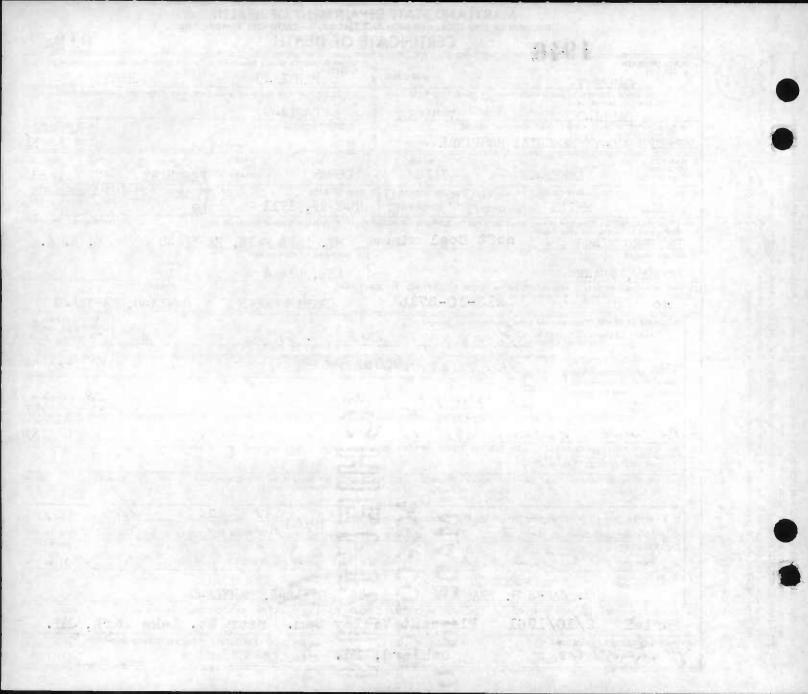
Oakland, Md.

FEASTER

250. REC'D BY REGISTRAR DATE

OAKLAND, MARYLAND

Cirling & Harry



MARYLAND STATE DEPARTMENT OF HEALTH ON OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

		DIVISION C	F STATISTICAL RESEARCH AND	RECORDS .
)	4	7	CERTIFICATE	OF D
		-		

01923

1. PLACE OF DEATH o. COUNTY Garre	tt		MARYL		USUAL RESIDENCE (W			on: Residen	nce before ad	missian)
b. CITY OR TOWN (RURAL ond give no Crell	If outside corporate limit egrest town)	ts, write c	2 years	N 1b	c. CITY OR TOWN (IF		prote limits, write R	URAL ond	give nearest (own)
d. NAME OF HOSPI OR INSTITUTION HOME OF	Mrs. Dwi			1	d. STREET ADDRESS	eh Str	eet. N	w.	O	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir		Matilda Matilda		Rogers:	4. DATE OF DEATH	Man	th	Day 25.	Year 19 61
Female	6. COLOR OR RACE White	7. MARRIED		_	ATE OF BIRTH	381	9. AGE (In years last birthday) 80 yrs.	IF UNDER	Days Ho	NDER 24 HRS
10a. USUAL OCCUPATION during most of wor House Wo	ON (Give kind of work of king life, even if retired)	ther	ND OF BUSINESS OR	NDUSTRY	11. BIRTHPLACE (Stote	e ar foreign c	ountry)		ZEN OF WHA	AT COUNTRY
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN Catherin		0.30			
John Ro	R IN U. S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO.	17. INFO		ie Du	Add	ress		
	(If yes, give war or dates of so				Dwight A	Ashby	Cre	llin,	Md.	
Conditions, if a gove rise to i cause (o), stating lying couse lost.	mmediote (Jessy	5 de	estec le	WX			84	23
PART II. OTI	HER SIGNIFICANT CON	DITIONS COM	NTRIBUTING TO DEA	TH BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GIV	EN IN PAR	PE	AS AUTOPSY RFORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OC	CURRED. (I	Enter noture of injury in	Port I ar Pa	rt II af item 18.)			
Y 20c. TIME OF INJUING Hour a.m. p. m.	RY Manth, Doy, Yes	20d. INJU While at wark [_ Not while		OF INJURY (Hame, far., street, office bldg., et		y or town)	(1	County)	(State
21. I certify the	at (I) (this haspital	Sattended			125 /6/ 19 19 19 19 19 19 19 19 19 19 19 19 19				e date sta	
22a. SIGNATURE	Ruchen	5/1	iance	M.D	. PHYS.	MED.	STAFF PHYS.		25	SIGNET
22c. PHYSICIAN'S NAME (Type)	Andrew E	. Man	ce, M. D	•	22d. ADDRESS Oaklan	d, Md	•			/
23a. BURIAL, CREMATIC	2/27/19	51	St. Pete	TERY OR C	emetery		TION (City, tawn, ternpor		d. (State)
24 FUNERAL DIRECTOR	s SIGNATURE		ADDRESS Oak	land	Md • DATE	D BY REGIS	104	STRAR'S SI	S. Kraus	

TO HOSPITAL ATTENTION OF PHYSICIAN: The low requires that the death certificate be executed within 24 hours effer dear may be retained by the pital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral displays a should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be fill the State Baard of Health priar to burial, cremation, ar removal, and in any event, within 72 haurs after death. G PHYSICIAN: The low requires that the death certificate be executed within 24 hour pital or attending physicion. TO HOSPITAL VR A1S (4) 1SM 9/59

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FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH

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Division of STATISTICAL RESEARCE				MARYLAND
1948 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	01924

I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Garrett	*Maryland b. COUNTY Allegany
b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	TAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town)
Luke, Maryland	Lonaconing Ulx-
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street edd	dross) d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
	Detmold Street YES NOW
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer OF
(Type or print) CHARLES ADAM	SIGLER DEATH 2/20/1961 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI	IFD B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWED DIVORC	last birthdey) Months Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS O	OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	Madana MD II C A
Guard at Luke Paper Mill	Midland, MD. U.S.A.
IVI INTING HAME	
Charles A, Singler	Edith Poland
1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (Yes_po_ or unknown) (Ifyesgivewerordetesofservice)	NO. 17. INFORMANT Address
M o	Mrs. Naidene Sigler, Lonaconing, MD.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end	
PART I. DEATH WAS CAUSED BY: CORONAR	RY OCCLUSION. RIGHT SUDDEN
IMMEDIATE CAUSE (e) CONTONAIN	RY OCCLUSION, RIGHT SUDDEN
DUE TO	
Conditions, if eny, which \ (b) CORON	VARY SCLEROSIS WITH THROMBOSIS
geve rise to immediate cause	
(e), stering the underlying	
(6)	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
O FARTH. OTHER SIGNIFICANT CONTINUES CONTINUES TO SERVICE	PERFORMED?
5	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH	CCURED. (Enter neture of Injury In Pert I or Pert II of Item 1B.)
20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED While Not While at work 19 et work	20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) (City or town) (County) (Stete)
21. I certify that I took charge of the remains described a	shows hold an Autonou T Inspection T Inspection T Inspection T
death resulted from: Natural causes X, Accident	Suicide, Homicide, Undetermined manner
1	CHIEF MEDICAL EXAMINER
ACTUAL N. TENTE	DATE SIGNED
SIGNATURE	DEPUTY MEDICAL EXAMINER X February 20, 1961
NAME (Type) James H. Feaster, Jr	M.D. Address (Street, city, town, or county) Oakland, Md.
22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE REMOVAL (Specify)	METERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete)
Burial 2/23/1961 Sunset	Memorial Park Cumberland, MD.
23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
GEORGE EICHHORN LONACON	ING. MD. DATE FEB 2 4 '61 Orthur S. Krous
GEORGE ETOIMORN FONACOM	LIVO PILIO

TO DEPUT: **IDDI.**. EXAMINER: This certificate should be executed within 24 hours after death. If any does necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2-with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

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	dating hickory)		

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and the fire			

VS. A15ME(5) 5M 9/55

					BALTIMORE,	
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	0.

		10/0	MEDICA	AL EXAMINI	ER'S	CERTIFICA	TE OF	DEATH	Reg. Dis	1. No. ()	1925
1. 0	COUNTY GATT	ett		MARYI	LAND	2. USUAL RESIDENCE (V		b. COUNT	tion: Resider	nce before on	dmission)
Ь	CITY OR TOWN and give records to	(If outside corporate limitand,	ls, write RURAL	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (III	outside co	rporate limits, write			lown)
	NAME OF HOSP	ITAL OR INSTITUTION		ospital, give street address l Hospital		d. STREET ADDRESS 1 Mi. So.		land.		C	RESIDENCE ON A FARM?
-(0	NAME OF DECEASED Type or print)	Ma	First ry	Middle Bond		Weber	4. DATE	Februar		Day	Year 19 61
S. S	Female	6. COLOR OR R		IED NEVER MARRIED DIVORCED		DATE OF 81RTH		9. AGE (In years last birthday) 71 yrs.	IF UNDER 1		NDER 24 HRS.
10a.	USUAL OCCUPAT uring most of work HOUSE	ION (Give kind of vine life even if reti	wark dane 10b.	KIND OF BUSINESS OR II OWN Home	NDUSTR	Pennsylv	or foreign	country)		S.A.	AT COUNTRY
13.	FATHER'S NAME James	Bond				14. MOTHER'S MAIDEN N					
15. (Yes,	WAS DECEASED E	VER IN U. S. ARME Iff yes, give war or do		SOCIAL SECURITY NO.		ogan Weber		Address Oaklan	nd, Mo	ı.	
		ATH [Enter only on ATH WAS CAUSED IMMEDIATE CAUS	BY: Fine	for (a), (b), and (c).]	ull					INTERVAL BET	TWEEN DEATH
	Canditions, if	any, which)	to Fra	ctured le	ſt.	arm				11	
	gave rise to imme (a), stating the cause last.		to Cru	shed ches	t a	nd broken	left	leg		"	
CERTIFICATION	PART II. OT	THER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	INALDISEA:	SE CONDITION GIV	EN IN PART		FORMED?
	20a. EXTERNAL CA PRIMARY 30 ar CC CAUSE OF DEATH	AUSE WAS ONTRIBUTING []		e how injury occure					and,	Mary]	and
MEDICAL	20c. TIME OF INJU		7, Year 20d. 1961 While at w	INJURY OCCURRED 200 ork Not while of work	e. PLACI	OF INJURY (Home, farm y, street, affice bldg., etc. Bhway	20f. (Cit	akland	Garr		(State) Md.
			irge of the	remains described , Accident X,							d find tha
	ACTUAL SIGNATURE	H.	Jan	Ten. X.		M.D. CHIEF MEDICAL EX	(AMINER [DAT	E SIGNED
	SKAMINER'S NAME (Type)			ster, Jr.,	M.	D DEPUTY MEDICAL			nd, M	2-1 d.	17-61
	BuriaT		EREOF 1961			REMATORY Cemetery		ar Oakla		/d.	tate)
23. [FUNERAL DIRECTO	estula	in	ADDRESS Oakle	and,		D BY REGIS		ritua 8.		

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	of Calcabas Branch	
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VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE	
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Res

	1950ME	DICAL	EXAMINE	R'S	CERTIFIC	ATE OF	DEATH	Reg. Dis	t. No. (1192
o. COUNTY Gari	ett		MARYLA	LND	o. STAMATY			ilion: Resident Sarret		mission)
b. CITY OR TOWN (III on ond give nearest lown) Rural Os	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	16	Rural	Oakl	porote limits, write	RURAL and (give nearest	town)
	L OR INSTITUTION (itol, give street oddress) Oakland		d. STREET ADDRES		akland,		0	RESIDENCE N A FARM? NO
3. NAME OF DECEASED (Type or print)	Ralph	st	Enoch	V	Veber	4. DATE OF DEATH	Februar	The 14	Day 7	Year 19 61
s. sex Male	White	WIDOWED		Ma	arch 24,	1887	9. AGE (In years lay) yrs.	Months D	YEAR IF UN	
100. USUAL OCCUPATION during most of working FIORIST &	N (Give kind of work I lite, even if refired) I G FAT INCT	one 10b. Kill	nd of Business or in	DUSTRY	Marylan	nd.	country)	U.S.		T COUNTRY
13. FATHER'S NAME Henry Wel	per				Cather in		uetz			
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FO (If yes, give wor or dales of				gan Webe:	r	Oakla1	nd, Mo	i.	
PART I. DEATH	H [Enter only one county was CAUSED BY: MMEDIATE CAUSE (c)	Brok	r (o), (b), ond (c).]						INTERVAL BET ONSET AND I	WEEN DEATH
Conditions, if on			shed Chest	;					11	
gove rise to immedi (o), stating the un couse tost.		Brok	cen Legs						11	
PART II. OTHI	ER SIGNIFICANT CON	DITIONS CON	NTRIBUTING TO DEATH E	BUT NO	T RELATED TO THE T	ERMINAL DISEAS	SE CONDITION GIV	EN IN PART		FORMED?
	SE WAS TRIBUTING []	car	now injury occurre	de	nt Rt. 2	19 nea		nd. M	d.	
20c, TIME OF INJURY Hour 70.7m. p. m.	2-17-619		Not whiley of work	PLACE foctor	OF INJURY (Home, y, street, office bldg.,	form, 20f. (Cit etc.)	y or town) Land Ga	Countrett	THE RESERVE	(Stote) yland
			, Accident .	abav	e, held an Auto	opsy 🔲, I			▲, and	d find the
ACTUAL SIGNATURE	es Id.	Tent	in . Jahr.	^	M.D.	AL EXAMINER	Commission of the commission of	2	DATI	SIGNED
EXAMINER'S NAME (Type)	A IMES		EASTER TA		DEPUTY MEDIC	CAL EXAMINER		and,		ote)
Buria I	2/20/19		Weber Fami		Cemeter	y Nea	r Oakla	nd, Mo	d.	ore)
23, FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS Oaklan	id,	Md.	FEB 2 3		STRAR'S SIGN		

Links - mil a decide STATE OF STA ILCE MENT CO. HEREGOO. TOTAL TREE AS ITEM - Sent E-Hill THE TAKEN THE TRANSPORT OF THE PARTY OF THE TO THE REPORT OF THE PARTY OF T The site Sheeticalds The state of the s The state of the s THE RELEASE LITTLE DE COMMON CONTROL The same of the great of the same of the s HOLDER COLUMN TO THE PROPERTY OF THE PROPERTY

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

951	CERTIFICATE	OF	DEATH
47 1 7 7	GERTHIGATE	01	PEAIII

Reg.	Dist. No.	01	9	12	-

	d. COUNTY Garrett MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Garrett						
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Rural Oakland	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland				town)		
-	d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTION	d. STREET ADDRESS e. 1S RESIDENCE ON A FARM? YES NO							
	3 NAME OF First DECEASED (Type or print) Ernest	Middle Theodore	Wilt	4. DATE OF DEATH	Month 2	Day 24	Yeor 1961		
-	5. SEX 6. COLOR OR RACE 7. MARI		B. DATE OF BIRTH 10/18/01	9 AC	st birthdoy) Month	DER 1 YEAR IF L	INDER 24 HRS. Min.		
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner Mining Thayerville, Maryland USA 13. FATHER'S NAME								
	John Wilt Barbara McRobie 5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address								
	10. This december of the transfer of the trans	12-10-7999	Iva (Keefe	r) Wilt	Address Oaklar	nd Rt#	1. Md.		
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoling the under-lying couse lost. (c) INTERVAL BETWEEN ONSET AND DEATH SMM DUE TO DUE TO (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CELL MAY SEM A				生气/大师	PE	AS AUTOPSY ERFORMED?		
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m., 19 While Not while of work of work of work 19 of wor								
	21. I certify that I attended the deceased fram. Anney, 1958, to 1951, 1961, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, to 1951, that I last saw the deceased alive an 1958, that I last saw the deceased alive an 1951, that I last saw the deceased alive and I last saw the deceased alive								
		gartner		r St. O		Md. 2	2/27/61		
	220. BURIAL CREMATION, 22b. DATE THEREOF BURIAL (Specify) 2/27/61	Ferndale Ce	emetery	Garret	(City, town, ar caunt t	Mary]	State) and		
-	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE			